

TENNESSEE DEPARTMENT OF HEALTH

OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH

(La versión en español al reverso de la página)

| Date: | Indicate number of each type |
|---|---|
| Full name on birth certificate: | of certificate desired and enclose appropriate fee: |
| First Middle Last I Has the name ever been changed other than by marriage? Yes No | Name For years 1949-Current: Short form- \$7.00 first copy. Additional copies |
| If yes, what was original name? | of same record |
| | e or Female \$4.00 each. |
| Month Day Year Place of birth: | Long form- <u>\$12.00</u> first copy. Additional Copies |
| City County Stat Hospital where birth occurred: | |
| Full name of father: | Tor bildio <u>before 10-40</u> . |
| Full maiden name of mother: | |
| Last name of mother at time of birth: | <u>\$12.00</u> first copy. Additional copies of |
| Next older brother or sister: Younger: | same record purchased at the same time -\$4.00 each. |
| Signature of person making request: | |
| Relationship: | for the search of records and will not be refunded even if no |
| Purpose of copy: | record is on file in this office. A 3-year search is provided for the initial fee. |
| Telephone number where you may be reached for additional information:(|) |
| IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE | STATEMENT ON THIS APPLICATION. |
| All items must be completed and appropriate fees attached to process this request. payable to: Tennessee Vital Records. In addition, unless this application is government issued ID showing your signature. If you have not received a respon Vital Records at (615) 741-1763. | notarized, you must send a photocopy of a |
| PH-1654 (Rev. 7/05) | RDA N/A |
| FILL OUT BELOW/ DO NOT DETA | |
| PRINT name and address of person to whom the certified copy is to be mailed. | SEND TO: |
| Name | Tennessee Vital Records 421 5 th Avenue North 1 st floor, Central Services Building |
| Address or Route | Nashville, TN 37247 |
| City and State Zip Code | _ |